



ENROLLMENT OR DEGREE VERIFICATION REQUEST

Student Information

Name _____
Last *First* *MI*

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____

FIT ID Number _____

Major _____

Telephone # _____ Email address _____

Dates of Attendance: from _____ to _____

Degree (sought or obtained)

Associate degree Bachelor's degree Master's degree

Choose the Type of Verification

Enrollment Verification

Degree Verification

Please check those that you wish included:

- verification of current enrollment only
- verification of enrollment for each term attended

- A.A.S.
- B.F.A.
- B.S.
- M.A.
- M.P.S.

Mailing Information

- Please mail the verification to me at the address above.
- Please mail the verification to the person and address below:

Signature

X _____ Date ____ / ____ / ____

- Form must be submitted along with a copy of a photo ID.
- Verifications will be mailed within five (5) business days from the date the request is received. Delays may occur for archived records (pre-1982) and during peak periods.
- No request will be processed unless all College holds (financial, medical, etc.) have been fulfilled.
- Requests may be dropped off in person, faxed to (212)217-3821, sent by mail to the address above, or scanned and emailed to FIT_Registrar@fitnyc.edu.